

FIRST POINT BUSINESS INFORMATION OFFICE

Client Assistance Form

Date _____

Information requested by: ☐ Workshop ☐ Walk In ☐ Fax ☐ Phone ☐ Letter ☐ Web-site

How Did You Hear

☐ City Offices ☐ Phone Bank ☐ Internet ☐ Courthouse ☐ SRDC
☐ TV ☐ Newspaper ☐ SRA ☐ Chamber ☐ Prior Visit
☐ Comptroller ☐ SCORE ☐ Friend/Relative ☐ Other _____

Client Information:

Name: _____ Gender ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work () _____

Ethnicity ☐ Anglo/Caucasian ☐ African American ☐ Asian Pacific/Indian
☐ Hispanic American ☐ Native American ☐ Other _____

Type Of Industry:

☐ Retail ☐ Service ☐ Wholesale ☐ Distribution ☐ Manufacturing ☐ Construction
☐ Food ☐ Restaurant ☐ Automotive ☐ Entertainment ☐ Marketing ☐ Import/Export

Type of Business: _____

Business Structure:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-profit
☐ # of Owners ☐ # of Owners

How Many Employees Do You Anticipate Hiring? _____ Need Business Financing Info? ☐ Yes ☐ No

Business Location:

☐ Home-Based-SA ☐ Commercial-SA ☐ Bexar County ☐ Other County: _____

Assistance Requested:

☐ Business Start-Up Guide ☐ Business Library ☐ Research ☐ Counseling/Time ☐ Seminar

Client Referred To:

☐ City Finance ☐ Comptroller ☐ SBDC/MBDC ☐ SCORE/SBA ☐ City Department
☐ Certif. Of Occupancy ☐ TEC ☐ SALDC ☐ IRS
☐ Assumed Names ☐ PTAC ☐ State Agency ☐ Library

Council District:

_____ Date packet Mailed/Entered: _____